IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE:	12/12/2004		IPR:	S CHECKWRITE SUMMARY REPORT		11102		
			CI	HECKWRITE DATE: 12/14/2004				
		1		FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	OMONIA MONIMIA TANA	8599	291	DETAIL NOT COVERED BY COMBINAT				
3404301	SMOKY MOUNTAINM H/DD/SAS	0000	202	ION OF RECIPIENT, PROVIDER AND				
	11/ 00/ 010			BENEFIT PACKAGE.				
		8931	165	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	196	733	862	129
				RVICES IN IPRS.				
		21	162	DUPLICATE OF CLAIM-SYSTEM				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
	1	0	0		-		_	
	+	-	-		0	0	0	(
	1							
3404904	WESTERN HIGHLAN	8599	1833	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
	+			BENEFIT PACKAGE.				
	+	21	463	DUPLICATE OF CLAIM-SYSTEM	15	2590	10167	7577
							22207	
	1							
		8517	95	CLAIMS DENIED, SUBMITTED BEYON				
		0027	33	D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		0	0		0	0	0	(
3404907		0	0	*** NO DATA TO REPORT ***				
3404307	RUTHERFORD-POLK			10 10111 10 101011				
		0	0		0	0	0	(
3404910			130	PROCEDURE CODE, PROCEDURE/MODI				
3404910		24						
	PATHWAYS	24		FIER COMBINATION OR PROCEDURE				
	PATHWAYS	24		FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
	PATHWAYS		126	CODE/TYPE OF SERVICE COMBINATI			200	25.
	PATHWAYS	8599	126	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT	14	379	7974	7595
	PATHWAYS		126	CODE/TYPE OF SERVICE COMBINATI	14	379	7974	7595
	PATHWAYS	8599		CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	379	7974	7599
	PATHWAYS		126	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	14	379	7974	7599
	PATHAIS	8599		CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	379	7974	7595
	PATRIATS	8599 21	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	14	379	7974	7599
3404912	CATAMBA COUNTYM	8599		CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE	14	379	7974	7599
3404912		8599 21	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	14	379	7974	7599
3404912	CATAMBA COUNTYM	8599 21	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE	14	379	7974	759!
3404912	CATAMBA COUNTYM	8599 21	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTING INELIGIBLE TO RECEIVE SE EVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT	14	379	7974	759:
3404912	CATAMBA COUNTYM	8599 21	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			7974	
3404912	CATAMBA COUNTYM	8599 21	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTING INELIGIBLE TO RECEIVE SE EVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT			7974	
3404912	CATAMBA COUNTYM	8599 21	26	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMERIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTHOLIMELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			7974	
3404912	CATAMBA COUNTYM	8599 21	26	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMERIT FACKAGE. DUFLICATE OF CLAIM-SYSTEM AMTHOLINELIGIBLE TO RECEIVE SE RVICES IN IFRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE			7974	
3404912	CATAMBA COUNTYM	8599 21	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA			7974	
	CATAMBA COUNTYM ENTAL HEALT	8599 21 8931 8599	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB			7974	
	CATAMBA COUNTYM ENTAL HEALT MECKLENBURG COM	8599 21	26	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENERIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTHO INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENERIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB CLAIMS DENIED, SUBMITTED BEYON			7974	
	CATAMBA COUNTYM ENTAL HEALT	8599 21 8931 8599	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB			7974	
	CATAMBA COUNTYM ENTAL HEALT MECKLENBURG COM	8599 21 8931 8599 27	26	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND SEMEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB CLAIMS DENIED, SUBMITTED BEYON D FILING THREIMHIT. JULY THROUGH APRIL DOS MUST BE SUBM			1225	
	CATAMBA COUNTYM ENTAL HEALT MECKLENBURG COM	8599 21 8931 8599	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE NVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB CLAIMS DENIED, SUBMITTED BEYON OFLING THELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED, SUBMITTED BEYOND			1225	
	CATAMBA COUNTYM ENTAL HEALT MECKLENBURG COM	8599 21 8931 8599 27	26	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENERIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM ANTHO INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENERIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT.		159	1225	
3404912	CATAMBA COUNTYM ENTAL HEALT MECKLENBURG COM	8599 21 8931 8599 27	26	CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE NVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB CLAIMS DENIED, SUBMITTED BEYON OFLING THELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED, SUBMITTED BEYOND		159	1225	
	CATAMBA COUNTYM ENTAL HEALT MECKLENBURG COM	8599 21 8931 8599 27	26	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENERIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM ANTHO INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENERIT FACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT.		159	1225	
	CATAMBA COUNTYM ENTAL HEALT MECKLENBURG COM	8599 21 8931 8599 27 27	26	CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMERIT FACKAGE. SUPLICATE OF CLAIM-SYSTEM ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BEYOND		159	1225	

PROVIDER NUMBER 8404916	PROVIDER NAME CROSSROADS BEHA	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL
	CROSSROADS BEHA		DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	
8404916			1					PAID
-04210		8517	162	CLEIMS DENIED SHEMITADED DEVOY				
		8517	162	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
	VIORAL HEAL			THROUGH APRIL DOS MUST BE SUBM				
		8518	50	CLAIM DENIED, SUBMITTED BEYOND	1	289	3042	2753
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		21	26	DUPLICATE OF CLAIM-SYSTEM				
		21	20	DUPLICATE OF CLAIM-SISTEM				
404917	CENTERPOINT HUM	21	149	DUPLICATE OF CLAIM-SYSTEM				
	AN SERVICES							
		8599	145	DETAIL NOT COVERED BY COMBINAT	101		5005	5540
		0333	140	ION OF RECIPIENT, PROVIDER AND	184	693	6235	5542
				BENEFIT PACKAGE.				
		8931	117	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
404918	ROCKINGHAM CO M	21	29	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8935	14	ASTNC INELIGIBLE TO RECEIVE SE	18	62	458	396
				RVICES IN IPRS.	10		130	
								396
				-				
		8599	9	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
404919	GUILFORD CO MEN	8599	172	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
	THE HEREING			BENEFIT PACKAGE.				
		8518	96	CLAIM DENIED, SUBMITTED BEYOND	41	439	4575	4136
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	54	CLAIMS DENIED, SUBMITTED BEYON				
		0017		D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
404920	ALAMANCE CASWEL	8505	5317	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	163	DETAIL NOT COVERED BY COMBINAT				
		0333	100	ION OF RECIPIENT, PROVIDER AND	ь	5568	6154	586
				BENEFIT PACKAGE.				
		8000	31	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
404921	ORANGE PERSON C	5312	1188	PRIOR AUTHORIZED DOLLARS EXCEE				
	ORANGE PERSON C HATHAM AREA			DED DULLARS EXCEE				
	MARIAN AREA							
		8599	212	DETAIL NOT COVERED BY COMBINAT	30	1708	7872	6081
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	127	DIAGNOSIS CODE MISSING OR INVA				
			/	LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
104922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0					
		U	U		0	0	0	0
104923		8599	623	DETAIL NOT COVERED BY COMBINAT				
	VGFW AREA AUTHO RITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	198	DUPLICATE OF CLAIM-SYSTEM	0	888	2746	1858
		5404	C.E.	ONUMBER OF THE PROPERTY OF THE				
		5404	65	SEVERE DUPLICATE: SAME ATTO PR				
				OV/PCODE/TOS/DOS/MOD				
	1							

			1				moma r	morre
PROVIDER		HIGH DENIAL	NUMBER OF		marc	moma.	TOTAL	TOTAL
NUMBER	DROUTDER WANT	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	120	429	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		21	286	DUPLICATE OF CLAIM-SYSTEM	45	1489	3510	202
		8517	271	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404926		120	177	OLITHUM TO WINDER MEGATING OR TH				
3404926	SOUTHEASTERN RE	120	177	CLIENT ID NUMBER MISSING OR IN				
	G MENTAL HL			VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				ALC II HAM CARLES				
		8599	141	DETAIL NOT COVERED BY COMBINAT	107	610	6202	520
				ION OF RECIPIENT, PROVIDER AND	107	612	6393	578
				BENEFIT PACKAGE.				
		8931	65	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	1		1					
	1	1	1					
3404927	CUMBERLAND CO M	8505	328	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		1						
		8800	80	FURTHER PROCESSING NECESSARY,	2	499	816	31
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8622	33	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
0.404000		0.4	570					
3404929	LEE HARNETT MH/	21	579	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							-
		8599	48	DETAIL NOT COVERED BY COMBINAT		686	3440	275
				ION OF RECIPIENT, PROVIDER AND		000	5440	273
				BENEFIT PACKAGE.				
		5404	25	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNTL HLTHC							
		0	0		0	0	0	
	1	1	1					
3404931		8599	31.8	DETAIL NOT COVERED BY COMPINED				-
2404321	WAKE CO HUM SVC	0222	318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
	BILLING OF	+	1	BENEFIT PACKAGE.				-
		+	1					-
	1	120	109	CLIENT ID NUMBER MISSING OR IN	183	860	4198	333
		+	1	VALID. ENTER CID AND SUBMIT	183	860	4138	333
		+	1	AS A NEW CLAIM				
		+		+				
	1	8931	102	AMTNC INELIGIBLE TO RECEIVE SE				
		1		RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		U	U		0	0	0	
			1					
2404022		0500	242	DEED TO MOST COMPANIE BY COMPANIE				
3404933	SOUTHEASTERN CT	8599	242	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD	1	1	ION OF RECIPIENT, PROVIDER AND				!
		+	1	BENEFIT PACKAGE.				1
		8621	39	60 RESIDENTIAL LEVEL III TREAT				-
	1		1.	MENT RECEIVED, PA IS REQUIRED	31	378	2559	218
	1	+	1	FOR ADDITIONAL SERVICE.				
	1	+	1					
		191	24	CLIENT ID NUMBER DOES NOT MATC				-
		+	1	H PATIENT NAME				—
		+	1					—
		+	1					t
	*			•				

							TOTAL	TOTAL
ROVIDER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
UMBEK	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404934	ONSLOW COUNTY B	8621	69	60 RESIDENTIAL LEVEL III TREAT				
	EHAVIORAL H			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		0500						
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1	191	1347	1156
				BENEFIT PACKAGE.				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
404935		0	0	*** NO DATA TO REPORT ***				
404333	WAYNE CO MENTAL	0	0	NO DATA TO REPORT				
	HEALTH CTR							
		0	0		0	0	0	0
104936		11	31	CLIENT NOT ELIGIBLE ON SERVICE				
104936	WILSON-GREENE M	11	31	DATE				
	ENTAL HEALT							
		21	12	DUPLICATE OF CLAIM-SYSTEM	7	86	918	832
-								
		8952	9	CLAIM DENIED DUE TO AGE RESTRI				
			-	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
104937	EDGECOMBE NASH	8505	54	CLAIM DENIED DUE TO INSUFFICIE				0 1884
	MNTL HLTH C			NT BUDGET				
		21	19	DUPLICATE OF CLAIM-SYSTEM	2	116	2000	1004
					3	110	2000	1004
		8517	16	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
04938	HORM DDA DAHEDO	24	5	PROCEDURE CODE, PROCEDURE/MODI				
	VGFW DBA RIVERS TONE COUNSE		-	FIER COMBINATION OR PROCEDURE				
	TONE COOKEE			CODE/TYPE OF SERVICE COMBINATI				
		5404	3	SEVERE DUPLICATE: SAME ATTD PR	2	12	1861	1849
				OV/PCODE/TOS/DOS/MOD				
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
04939	NEUSE MENTAL HE	8599	153	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
		120	26	CLIENT ID NUMBER MISSING OR IN	-	239	5146	4907
		1		VALID. ENTER CID AND SUBMIT		239	2140	4507
				AS A NEW CLAIM				
		8622	15	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		<u> </u>		TON ADDITIONAL SERVICE.				
04941	PITT CO MH/DD/S	8599	98	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	89	CLIENT NOT ELIGIBLE ON SERVICE	6	270	1008	738
		1		DATE				
		1						
		8621	32	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		2522				_		
04942	ROANOKE CHOWANH	8599	39	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				MANUAL FRUNCHE.				
		21	14	DUPLICATE OF CLAIM-SYSTEM	14	92	1196	1104
					14	92	1190	1104
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

					1			,
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOMBER	PROVIDER NAME	EODS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8599	22	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	L HEALTH CE			BENEFIT PACKAGE.				
		21	9	DUPLICATE OF CLAIM-SYSTEM	0	56	1275	1219
					,	30	1273	1213
		191	5	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	8505	42	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8599	26	DETAIL NOT COVERED BY COMBINAT	18	95	1418	1323
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404957	TIDELAND MENTAL	4102	17	YOU ARE ATTEMPTING TO ADJUST A				
	HEALTH CTR			CLAIM THAT IS EITHER NOT				
				FOUND ON OUR FILE OR IS NOT FO				
		5404	5	SEVERE DUPLICATE: SAME ATTO PR	0	24	561	537
				OV/PCODE/TOS/DOS/MOD				
		8526	1	CLAIM DENIED, UNITS BILLED MUS				
				T BE GREATER THAN ZERO				
					1			
3404959	+	0	0	*** NO DATA TO REPORT ***	1			-
3404959	DAVIDSON CO MEN	U	U	*** NO DATA TO REPORT ***				
	TAL HLTH CT	1	+		1			
	1	 	+					-
	1	0	0		_	_	_	1
	1	-	-		0	0	0	0
	 	+	+					
3404979	NEW RIVER AREAM	8505	726	CLAIM DENIED DUE TO INSUFFICIE				
			+ -	NT BUDGET				
	H/DD/SA PRO	+	+					
	+	+	+					
	+	21	25	DUPLICATE OF CLAIM-SYSTEM	-	773	1388	614
	+	+	+ -		5	773	1388	614
	+	 	+					
	1	+	1					
	1	8599	11	DETAIL NOT COVERED BY COMBINAT				
	-	+	+	ION OF RECIPIENT, PROVIDER AND				
				ION OF RECIFIENT, PROVIDER AND				